CLAIM FOR REIMBURSEMENT FOR EXPENDITURES				1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE				2. VOUCHER NUMBER				
			ICIAL BUSINESS					3. SCHEDULE N	UMBER			
	Read the Privacy Act Statement on the back of					this form.		5. PAID BY				
4.	a. NAME	Last,	first, middle initial)			b. SOCIAL SECUP	RITY NO.	1				
_												
CLAIMANT												
Σ	c. MAILING ADDRESS (Include ZIP Code)					d. OFFICE TELEPHONE NUMBER		]				
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	EXBENDI	TUD	DEC (If fore plained in and /-	1			# + # - · ·					
		TUN	RES (If fare claimed in col. (g the claimant.)	exceeas	cnarge for one pers	on, snow in coi.	· · · · · · · · · · · · · · · · · · ·	nber of addition	nai persons	wnich a	accompani	ea
DATE  C Show appropriate code in col. (b):  O A - Local travel  D B - Telephone or telegraph, or							MILEAGE RATE	AMOUNT CLAIMED				
			<b>B</b> - Telephone or telegraph, or				I NATE		EADE	ADD.	TIPS AN	D
		E	C - Other Expenses (itemized)				NO OF	MILEAGE	FARE OR TOLL	PER-		
			(Explain expenditures in specific detail.)			<del></del>	NO. OF MILES			SONS		5
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7. A	MOUNT C	LAIN	MED (Total of cols (f), (g) and (i).)	<b>&gt;</b> \$		TOTALS						
			proved. Long distance telephon			10. I certify that					vledge and	
			e interest of the Government. Proving official must have been a			belief and that p	payment or cre	dit has not bee	n received by	me.		
included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)						Sign Original Only						
Sign Original Only					CLAIMANT A							
											SIGN HERE	
					APP	ROVING				DATE	a. PAYEE (Signat	
OFFI	CIAL				-/	G. FRIEL (Signal			İ	J. DAIE	· ICCEIVED	
	nis claim is	cert	ified correct and proper for paym	ent.					-	c. AMOL	INT	—
Sign Original Only AUTHORIZED DATE					DATE	12. PAYMENT MADE						
	FIFYING OCE HERE	ICER				BY CHECK N						

ACCOUNTING CLASSIFICATION

6. EXPENDITURES - Continued  DATE   Show appropriate code in col. (b):   MILEAGE   AMOUNT CLAIMED										
DATE	Ç	Show appropriate code in col. (b):			AMOUNT CLAIMED					
	O D	A - Local travel B - Telephone or telegraph, or		RATE		FARE	ADD.	TIPS AND		
19	Ē	C - Other Expenses (itemized)		NO 05	MILEAGE	OR TOLL	PER- SONS	MISCEL- LANEOUS		
		(Explain expenditure		NO. OF MILES (e)						
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In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of the information on this form is authorized by 5 U.S.C. Chapter 57 as implemented by the Federal Travel Regulations (FPMR 101-7), E.O. 11609 of July 22, 1971, E.O. 11012 of March 27, 1962, E.O. 9397 of November 22, 1943, and 26 U.S.C. 6011(b) and 6109. The primary purpose of the requested information is to determine payment or reimbursement to eligible individuals for allowable travel and/or other expenses incurred under appropriate administrative authorization and to record and maintain costs of such reimbursements to the Government. The information will be used by Federal agency officers and employees who have a need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, State, local, or foreign agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions, or when pursuant to a requirement by this agency in connection with the hiring or firing of an employee, the issuance of a security clearance, or investigations of the performance of official duty while in Government service. Your Social Security Account Number (SSN) is solicited under the authority of the Internal Revenue Code (26 U.S.C. 6011(b) and 6109) and E.O. 9397, November 22, 1943, for use as a taxpayer and/or employee identification number; disclosure is MANDATORY on vouchers claiming payment or reimbursement which is, or may be, taxable income. Disclosure of your SSN and other requested information is voluntary in all other instances; however, failure to provide the information (other than SSN) required to support the claim may result in delay or loss of reimbursement.